

Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name BERT'S QUALITY PROVISIONS COMMISSARY	Telephone Number Est 502-630-9289 Own	Date of Inspection 04/26/2022	ID#		
Address 3817 RAINBOW DR, NEW ALBANY IN 47150					
Owner	Purpose <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 05/07/2022		
Owner's Address ,		Menu Type 1 _ 2 _ 3 _ 4 <u>X</u> 5 _			
Person in Charge MITCH HERBERT					
Responsible Person's Email					
Certified Food Handler MITCH HERBERT					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
Summary of Violations C _____ NC _____ R _____					
Received by (name and title printed):			Inspected by (name and title printed): Thomas Snider CFS		
Received by (signature):			Inspected by (signature): <i>Thomas Snider</i>		
cc:		cc:		cc:	